

CORPORATION TAX ORGANIZER

Questions? Need Appointment? Call: 801-796-5937



Corporation Name:		Tax ID Number(EIN):
Address:		Date Incorporated:
Phone:	Fax:	Email:
Owner:		

Did you have long distance phone service between Feb. 2003 - Aug. 2006? Yes/No

Description of Business Activity: _____

INCOME

Gross Receipts or Sales:	
Returns or Allowances:	
Cost of Goods Sold (cost of purchases for resale)	
Other Income (interest on bank accounts, etc):	
If an inventory is involved in your business please provide:	
Inventory at beginning of year:	Inventory at end of year

DEDUCTIONS

Accounting:	Janitorial	Rent on Office
Advertising:	Laundry/Cleaning:	Repairs/Maintenance
Bad Debts:	Legal/Professional	Supplies
Bank Charges:	Meals/Entertainment	Taxes/Licenses
Collection Costs:	Miscellaneous	Telephones
Commissions Paid:	Office Expense	Tools
Contract Labor	Outside Services	Travel
Delivery/Freight	Permits and Fees	Utilities
Dues/Subscriptions	Postage	Uniforms
Gifts	Printing	Vehicle Expense
Insurance:	Rent on Equipment	Wages Paid
Interest Expense:		

*Provide a list of all equipment purchased, date purchased, and amount paid for:
